

*Prof. Gardner -
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with the authors regard.

ON

SOME OF THE VARIETIES

OF

MORBID IMPULSE AND PERVERTED
INSTINCT.

BY

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LONDON:

PRINTED BY J. E. ADLARD,

BARTHOLOMEW CLOSE.

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1866.

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MORBID IMPULSE AND PERVERTED INSTINCT.

THE various forms under which morbid impulses and perverted instincts present themselves have generally been classed by authors under "Moral Insanity"† and "Emotional Insanity,"‡ or each has been titled a mania or monomania. Their occurrence is found to be regulated by the degree of civilisation, mode of life—whether in town or country—and the prevailing tendencies of the age, which indelibly stamps them with its characteristic features. The classification adopted in the following pages is that of Professor Laycock,§ which leads us first to examine those connected with the nourishment of the being—

Alimentary.

"In the instincts of hunger and thirst animals eat and drink before they can know that food and drink induce that pleasant external sensation which constitutes the satisfaction of the instinct. But if the animal become conscious of the object of the instinct the volitional element is added, and the blind impulse of nature co-operates with the inclination of the animal to attain it. The blind instinct is become the volitional instinct for food—the *appetite, gluttony, longing for drinks.*"|| The morbid desires, longings, or impulses for various substances generally regarded with loathing and disgust have been grouped under the head of *Pica*. It is a common feature in the pregnant, chlorotic, and hysterical female, as well as amongst the ordinary occupants of our lunatic asylums. Dr. Laycock, in his 'Nervous Diseases of Women,' mentions many curious examples. Dr. Elliotson narrates in his lectures that a patient has longed for raw flesh, and even for live flesh, so that some have eaten live kittens and rats (!); he saw a young lady who loved to munch brown paper, rather than gilt-edged and hot-pressed; one longs for a bit of a priest's sleeve, and another dips her bread in a tar tub.

* It is but fair to state that this paper is an abstract of one written in 1262, as a sequel to two papers which appeared in the 'Psychological Journal' for 1263, and based on the Browne Prize Essay, Univ. Edin., 1860.

† Dr. Pritchard.

‡ Dr. Tuke, 'Psychol. Med.,' Bucknill and Tuke.

§ 'University Lectures.'

|| Unzer, p. 163. Translated for the Sydenham Society, by Dr. Laycock.

Certain states of the blood in health and disease also cause an ailment resembling pica; thus, in the arthritic there is often a great desire for flesh, while in the strumous, creatic nausea is equally as common. "There is one general fact, however, namely, that the depraved appetite is usually directed to something dry and tasty; something, too, that will endure mastication and make a pleasant crackle. I believe that there are very few chlorotic young women that do not eat dry rice or underground coffee; more rarely, hard herring uncooked, or salt, mortar, chalk, cinders, sealing-wax, and other dry, tasty, crackly edibles."*

"She can cranch
A sack of small coal, eat your lime and hair,
Soap, ashes, loam, and has a dainty spice
Of the green sickness."†

The same author relates from Vogel the case of a married woman, who during her pregnancies had been in the habit of taking powdered charcoal to relieve salivation and acidity, and prescribed for that purpose by a physician; but during the last year and a half she had displayed the greatest liking for eating charcoal, munching it up without any disagreeable sensation, and solacing herself with it during her mental troubles; the greater her sorrow the more she ate. Dr. Marshall Hall, under the name of "Temper Disease," describes a species of monomaniacal pica; it occurs in females who have impaired digestion, disorder of menstruation, and some morbid state of the complexion; the women persist in starving, or will only take the most improper food, or, perhaps, only such as can be obtained by a sort of theft. The latter is occasionally seen in some cases of melancholia, where the patients refuse to eat or drink unless when left alone, and apparently unobserved. Nowhere have we better instances of pica than amongst the insane; some devour quantities of grass and dandelions, or keenly relish a stray dahlia from the flower-pot; others eat their own excrement or that of their neighbours, or prowl about every day to search for garbage in the sinks and waterclosets. A dement delighted to chew bits of old tobacco-pipe, blackened with use, mixing up the gritty mass with paper or tow, while a melancholic even now masticates with intense avidity strips of his clothes and every conceivable form of rag, with paper, tow, matting, and dried leaves—to make water, as he says, to quench his burning stomach. Some, hyæna-like, scrape at bones till they are polished with their teeth; others devour the poultices that have been applied to their own sores or those of a companion. A patient in Murray's Asylum with this tendency once had access to some recently cut laburnum wood, the bark of which he speedily tore off and swallowed, no doubt thinking it a very excellent morsel; but in a short time he was attacked with severe vomiting, and suffered so much discomfort that he must be chary of again interfering with

* 'Nervous Diseases of Women,' p. 257.

† Ben Jonson, 'The Magnetic Lady,' act i, sc. i.

bark of any kind. A case of dementia at present under my care had a constant habit, during the earlier stages of his malady, of devouring rubbish of any kind, and especially coals. The latter had to be carefully kept out of his way at all times, under lock and key, and the fire-places guarded. The case of a lunatic is recorded who imagined that his stomach required to be strengthened with iron, and lost no opportunity of swallowing this in any shape; after his death about 20 oz. of nails, &c., were found in his stomach.* Sir B. Brodie relates that, during a paroxysm of insanity, a gentleman swallowed a pair of compasses, yet they were passed per anum about a fortnight afterwards, without a colicky pain.† A female inmate of an asylum snatched a case of lancets from the hand of the physician and swallowed it in a moment; no trace of the contents was found in the stools, nor when she died, many years afterwards, in the Perth District Asylum, was any appearance of such discovered at the post-mortem examination. Other patients, again, though they do not eat strange kinds of food, yet treat their ordinary diet in such a manner as to excite repugnance and disgust. A lady had the custom of putting slices of beef between her leg and stocking, carrying it there next her skin day after day, and then devouring it when almost putrid. Such a vulturine propensity reminds one of the habits of the turkey-buzzard of the United States. Idiot boys will devour numbers of the common earthworm, and one, mentioned by the good Gilbert White, was quite a bee-eater, remaining during winter in a kind of torpid state in the chimney corner, but in summer hunting all day long for honey-bees, humble-bees, and wasps.‡ Amongst the lower animals a species of pica often occurs. Cows, when grazing, cannot pass a bit of leather without chewing it with avidity, even to nigh choking themselves; and when observed, they run, pertinaciously chewing, until a handful of sand or other disagreeable substance is put into their mouths. Though not pure examples of pica, since some of the substances may have been taken to aid digestion, the instances of ostriches in confinement afford interesting cases of strange alimentary desires. One, a female, lately died at Lyons, having in its gizzard three tobacco-pipes perfectly intact, a knife, with a copper handle two decimètres long, and twenty-five brass buttons belonging to different corps of infantry; a half-franc piece quite intact; thirty-two sou pieces, having the effigies more or less effaced; fifty other pieces of copper, worn away to mere spangles of a triangular form; the remains of watch chains, various other metallic objects, six large walnuts, and several pieces of a hawthorn walking-stick. Besides, a piece of iron wire had traversed the stomach, and was found encysted in the abdominal walls, without inflicting any apparent injury on the bird.§ That these were not

* Winslow, 'Obscure Diseases,' p. 652.

† 'Lond. and Edin. Monthly Jour.,' March, 1844.

‡ 'Nat. Hist. of Selborne,' p. 211.

§ 'Med. Times and Gazette,' July 5, 1862.

swallowed of necessity, the fact of there being a large number of stones and pebbles in addition sufficiently testifies.

In *Bulimia* the patient has an irresistible longing for food of a normal kind, so that an exaggerated form of gluttony results. This may occur, first, when the stomach is enlarged; and secondly, when it is of a normal size. Under either condition the person devours an enormous quantity at each meal, as much, indeed, as would suffice for three or four ordinary men, and yet he may be haggard and gaunt in the extreme. Amongst the insane bulimia is common; some, having devoured their own ample allowance, seize upon all they can lay hands on, prowling about the entire day in search of food. One obtained access to a pantry just after his dinner, and swallowed a quantity of pastry and fruit from several large tarts—grasping at them with his hands, several pots of jelly, and other edibles, before he was arrested. In the course of general paralysis the appetite is often very great, probably arising from some change in the gastric branches of the vagus. The condition of the blood, as after severe diseases, also causes a great craving for food. A case is related by Messrs. Griffins* in which a hysterical female, while under a fit, devoured an enormous quantity of beer, broth, slops, wine, and ordinary food. In the lower animals the appetite for food is often so great as to cause the death of the creature, and therefore the act must be styled “morbid.” Young salmon, when liberally fed in an artificial pond with small flies, will so gorge themselves that many will be found dead in a few hours.

Cannibalism, a common occurrence amongst savages, occasionally happens as a morbid and irresistible desire in civilised countries. Under this head are classed all those instances in which the individual devours, or has an irresistible longing to devour, his own species. Langius relates the case of a woman who lived near Cologne, who had such a bulimious desire for the flesh of her husband that she killed him, ate as much of him as she could while fresh, and pickled the remainder, that she might enjoy herself now and then with a tit-bit. Schenk narrates the history of a pregnant female in whom the sight of the bare arm of a baker excited so inexplicable a desire to bite and devour it that she compelled her husband to offer money to the baker to allow her only a bite or two from the member. Elizabeth of Milan allured boys by her caresses, killed them, and ate their pickled flesh every day. A Scotch girl, the daughter of an anthropophagous robber, had the same wicked desires as her father, and, although long separated from him and educated apart, she still, from an innate depraved disposition, remained prone to the same crime. A cannibal of Berg (Westphalia), of a depraved disposition, did not hesitate to slay innocent persons, viz., a girl and a traveller, to indulge his morbid appetite.† When

* Laycock, ‘Nerv. Diseases of Women,’ p. 254.

† Prochaska (Unzer and P. on the Nerv. Syst.), translated for the Syden. Soc. by Dr. Laycock.

civilised men are put to great straits by hunger, and when, therefore, the circulating fluid is in a morbid condition, we find cannibalism, generally so repugnant, resorted to with more or less ferocity. In the lower animals this morbid devouring of each other is seen in wolves, who frequently eat their wounded companions; in sows and cats, which occasionally swallow their young; and an attempt at the same is not uncommon amongst rabbits. I have in my museum a preparation of a large eel which met its fate in endeavouring to swallow a fellow-eel not much shorter than itself. It had seized the victim by the head, and commenced to swallow, but the tail of the latter (which had also entered the mouth) slipped in the struggle through the gill slit, and impacted the animal firmly in the mouth and throat of the plunderer, so that it came to the brink of the stream in an exhausted condition, and was captured with its prey *in situ*. A pike that has grown bold by swallowing water-hens and ducklings occasionally gets a harder bolus than it calculates on in attempting to swallow a brother pike, a fact sufficiently evident when it is found dead on the border of the loch with the victim in its throat.

Dipsomania, or *Oinomania*,* may be classed in proximity to bulimia, signifying in its true sense a disordered cerebral condition in which the individual madly drinks to excess, yet may loathe the degrading stimulant. It must be carefully distinguished from that condition termed drunkenness, in which "a man drinks at all times and at all hours from excessive liking, or drinks at convenient seasons as regards notoriety," and "whose (vicious) self-indulgence would break out in some other form if there were no such thing as alcohol in creation."† It sometimes originates in youth or extreme old age, where no preliminary indulgence had converted a habit into a disease. Professor Christison states, in regard to this form of intemperance, that no medical man of consideration doubts that he has to deal with a form of insanity which, originating as a physical impulse, unrestrained by the moral powers, becomes just a mental furore, and, eventually, also a fatuity. He lays down, "as a practical rule for both lawyer and physician, that when in a particular case the avidity for strong liquors has reached such a height as—(1) to cease to be controllable by every plain and powerful moral and religious consideration, (2) to overwhelm the mind in frequent or continued intoxication, and (3) to occasion danger or actual damage to one's affairs or family, or both—it ought to be regarded as a disease, and treated as an insanity." He sees no difficulty as to "nice" distinctions in regard to "intemperance the disease, and the vice intemperance;" but, on the contrary, avers that only good will

* See a very valuable paper on this subject by Professor Laycock, 'Jour. Psychol. Med.,' April, 1855.

The Rev. W. McIlwaine, in the 'Journal of Ment. Sci.' for January, 1862, calls it *Enomania* or *Methyskomania*.

† Bucknill, 'Jour. of Ment. Sci.,' July, 1861.

result from a strict application of the practice. The author of an admirable review,* entitled 'Inveterate Drunkenness not Insanity,' holds that in no case does the inveterate drinker labour under an impulse, since at no time is the will so much in abeyance. He evidently considers, with Dugald Stewart,† that "madness seems in many cases to arise entirely from the suspension of the influence of the will over the succession of our thoughts," and does not refer to the existence of a *perverted* will.‡ Most physicians are satisfied that there undoubtedly exists a morbid impulse to drink, just as there exists a morbid impulse to self-destruction, in both of which, be the "will" either "strong" or in abeyance, the individual is utterly incapable of staying the morbid appetite and perverted instinct. The reflex function of the cerebrum, excited by a peculiar state of the stomach and intestinal canal generally, may so influence the conduct and character of the drinker as to make him totally irresponsible, and why not insane? At any rate, there is no doubt that the condition, of an inveterate drinker is so marked that, if asylums have been held out as the havens of safety in such cases, the spirit which prompted it was not illiberal, since there were (and even now there scarcely are) no proper places devoted specially to the treatment of such patients. Inveterate drinkers, every one connected with asylum life knows, soon fret and become restive at the discipline and virtue they have forced on them in such confinement; but it is not uncommon that those who make the loudest complaints have most need to be kept, since fresh troubles await them instantly on dismissal.

Like other impulses, that to drink may be developed suddenly, hurrying its victim, in opposition to his best interests and present wishes, into scenes of degradation which he detests. In the facile and vigorous words of Commissioner Browne, "It arises without premeditation, whatever be the engagement of the mind; it in a moment prostrates and paralyses the most firm resolves, the most virtuous motives, the most colossal obstacles of reputation and interest, and plunges its slave into an abyss of drunken delirium." In very few cases do we find this disease unconnected with an hereditary taint or an evident moral lesion. It may also occur from grief, misfortune, disease of the heart, liver, and stomach, or, in females, at the turn of life.

Authors have divided the disease into—I. *The acute*, when, for instance, an individual being placed in a new sphere of duty, or

* 'Med.-Chir. Review,' April, 1862.

† 'Philos. of the Human Mind,' Part I, p. 78.

‡ If structural lesion occurs in any of these cases of affection of the *will* or *volition*, we shall find it in the pons Varolii and cerebrum, according to Gerdy, Mueller, Lorget, and others; Brown-Séquard, however, localises it in the thalami optici and corpora striata. 'Lectures on the Physiol. and Pathol. of the Nerv. Syst.,' p. 228.

under great temptations of any kind, or suffering from calamity, disease, or other agency, madly drinks who never drank before, and plunges at once into the wildest excesses. Cases of this kind are generally curable enough by careful and judicious treatment, without subjecting the patient to confinement. In one example, however, which came under my notice, the patient, a quiet, steady man, who keenly felt the degradation into which the uncontrollable impulse had thrown him, became a confirmed melancholic, with fixed delusions as to the injury permanently inflicted on his body by this one outburst.

II. *The periodic or recurrent.*—This is often connected, in the female, with uterine or ovarian disorders; from injury to the brain or its coverings; and hereditary influence in the other examples is generally noticeable. Suffering under this disease, a man may take a heavy drinking fit, and be for a week or two in a state of continuous intoxication, and this may be repeated again and again, while, in the intervals, he returns to his duties as before. It is related that a merchant of capital always got into a state of delirious intoxication from autumn to spring, but was most exemplary during the rest of the year; he was cured by being sent to the warmer climate of Italy during the winter. Another person, a music-master, is said to have abruptly quitted his studies every year to abandon himself to excessive drinking. He was at these times in a state of protracted intoxication, lasting for three or four months, until the disease disappeared, as it were, suddenly. Then he became averse to every excess, drank nothing but water, and avoided with extreme care everything that might compromise his health and dignity. In one of these periods of lucidity, feeling the approach of his malady, he killed himself. Some years ago I saw a Scotch gentleman who came every year from Russia (where he held a government appointment, and was in favour with the czar) to Scotland for some months. Throughout the whole of this period he was perpetually drunk, and apparently much more insane than most of the occupants of our asylums; yet in Russia, for the rest of the year, he conducted himself in a most exemplary manner, evincing the utmost devotion to his arduous duties, and fulfilling all his responsibilities with credit.

III. *Chronic.*—This is the most frequent, troublesome, and least curable form of the disease. If carefully investigated, hereditary predisposition will rarely be found wanting, and other evidences of moral insanity or brain disease often occur. Many patients, if neglected, gradually get worse, never better, and soon terminate their existence, or make their lives burdensome to their friends and society. The writer in the 'Med.-Chir. Review' before noticed, after deducting all possible contingencies, calculates that the number of confirmed drunkards in Britain amounts to 38,000. There is no

doubt that a considerable number of these cases are examples of true morbid impulse, and the disease of the governing power is often shown in various other erratic or depraved actions. For instance, a lady, the mother of a large family, in whose pedigree insanity was distinctly traced, became a victim to the impulse. All outward forms of decency and neatness speedily merged into abject carelessness, notwithstanding the efforts of her husband and friends to arrest her supply and to limit the morbid propensity. Her womanly cunning was too much for them; and, though she never had money, yet by abstracting articles from her house she was always able to obtain her destroyer, even in the country, and thus she rushed on blindly till her speedy death. Not one of her large family was sane, in the strict sense of the word; one daughter had erotomania, the eldest son was incapable of any duty requiring the feeblest intellect, and had a tendency to dipsomania; the rest were imbeciles.* Some of the cases of dipsomania which come to asylums are by no means in a dubious condition as regards insanity. To think that one is capable of taking care of himself who from the early age of fifteen has displayed the impulse, combined with other evident mental lesions, is too great a stretch of fancy; who disgraced himself when an officer in India, assaulted his aged father, strove violently to enter the dwellings of his friends, lived in low society, and altogether was unfit for any species of self-control. Yet it is not exceptional for such a person when under the discipline of an asylum, by his cunning, plausible promises, arguments, and restless anxiety to be free, to hoodwink his friends and an inexperienced medical officer into the belief that he is to be trusted. I have known such a case landed in the padded room of a workhouse immediately after dismissal. As before mentioned, however, these are most troublesome cases in asylums, and the ordinary inmates are subjected to much annoyance and agitation by their scheming and dissatisfaction; for this reason they are better elsewhere. Both the chronic and paroxysmal forms, again, may precede serious brain disease, and of which each may not be so much a cause as a symptom.

In regard to treatment, Esquirol suggests that some bitter infusion might be given, in the periodic form, to satisfy the cravings of the disordered stomach. I have seen an inveterate drinker leave off his bad habits and remain a sober man by drinking daily quantities of a decoction of gentian, or water acidulated with sulphuric acid. Dr. Laycock advises the use of a nitrate of silver pill to remedy the deranged functions of the stomach. In Denmark an attempt has been made to cure dipsomania by surfeiting the patient, but the danger of serious, and even fatal consequences from this novel procedure at once annuls its application. In the chronic

* A very interesting case is given by Dr. W. T. Gairdner in his 'Clinical Medicine,' p. 284 et seq.

condition all alienists agree that it can only be treated by prolonged and complete abstinence from stimuli. It may seem too authoritative to seize a drunken man and deprive him of liberty for an indefinite period, but it is assuredly the only proper course in a true case of dipsomania. He should be confined in some institution until he is pronounced by the medical officer, after trial, to be again capable of self-control. The placing of the patient under temptation, while still under the authority of the governing institution, is a laudable means of testing the state of his power of resisting the impulse. Dr. Skae, of the Edinburgh Asylum, has done so for some years, and many others, I believe, follow a similar practice. Dipsomaniacs, when in asylums, frequently complain of "this being no place" for them, to wit, in a lunatic hospital, and amongst the insane; yet this is more assumed than real, for we cannot suppose that those who are at home in low society outside, and whose conduct is more or less degraded, will feel the company of the inmates unbearable, or be injuriously influenced by their contact, further than the prejudices of their friends imagine. At any rate, all these objections would be obviated by erecting hospitals entirely for the treatment of dipsomaniacs. A house of this kind has already been in working order for some years in Skye, and another near Stirling, while the Edinburgh House of Refuge, near Holyrood, takes in a number of immoderate drinkers of both sexes, generally of the inferior orders of society. At Binghampton, in New York, a large edifice has been erected solely for this purpose. Whatever be the place of confinement, treatment is undoubtedly necessary for a more or less prolonged period. Dr. Skae suggested a very good arrangement of the kind several years ago in a paper read before the Medico-Chirurgical Society of Edinburgh. Professor Christison* advises, in regard to Scotland, that it ought to be lawful for the nearest relatives of such, under the certificates of two medical men and a sheriff's warrant, to send the patient to an institution specially devoted to dipsomaniacs. Further, he adds, that these institutions should be licensed by the sheriffs of the county, and visited by them and the Lunacy Commissioners; that no one should be detained for less than six months, unless for special reasons, or for the purpose of removing him to an asylum. It is not necessary that the patient be deprived of the management of his affairs, though that may be done in the usual way. Some such method as this is urgently called for in dealing with the impulsive or really insane drinker, as well as the ordinary drunkard, and the above-mentioned paper is a most dispassionate and trustworthy solution of the difficulty.†

* 'Medico-Legal Relat. of Intemp.'

† Vide a paper "On the desirableness of some Legalised Arrangements for the Care and Treatment of Dipsomaniacs," by Dr. A. Peddie, read before the Med.-Chir. Soc. of Edinburgh. 'Edin. Med. Jour.,' Feb. 1858.

Under the same head may be included the desire for stimulants or narcotics of any kind, as opium—of which we have a memorable example in the case of S. T. Coleridge—hachish, nabee, &c. Every tie yields before the impulse; and, when deprived of the usual drugs, red lavender, lavender-water, eau de Cologne, creosote, vinegar, vitriol and tobacco, are gulped down by the disordered stomach.

II. *Impulses of the Sexual Instincts.*

The sexual instinct is a remarkable one, and in itself may be quite independent of cerebral influence, since it may be excited as a nerve action by external impressions only. Unzer* states that "crickets allure to sexual congress, after decapitation, by the vibration of their wings; and Redi, Bibiena, and others, have observed that butterflies, after having copulated but once in their lives, repeat the function perfectly when decapitated, and the females, after sexual congress, deposit their eggs as carefully as if excited thereto by their instinct." The same author observes, that when an animal is conscious of the immediate object of the instinct, namely, pleasure in sexual congress, the blind instinct is combined in its action with the sensational will of the animal, and becomes the instinctive passion of *physical love*. Other conceptions, desires, instincts, and passions, are brought to bear upon the object of the sensational volition of the animal, so that the fulfilment of the instinct may be attained. "As a pure instinct, there is no knowledge of its object and intent; so that even man, so long as it does not attain to be an instinctive passion, does not know how to investigate the origin of his enchantment and mental disorder. He never imagines that the strange disquiet which thrills through his whole frame is sexual congress; and amidst the effort he literally does not know what he wishes, until the blind instinct becomes an emotional instinct and opens his eyes. If amorousness were a primary passion it would not be accompanied by the natural impulse; it would be a sensational desire for sexual congress, more volitional, never found in animals, although sometimes in man."†

The instinctive sexual passion thus explained is subject to various disorders, of which the first to be considered is *Exaltation*. This gives rise to Erotomania, a morbid sentiment of love for some known or unknown object, and gratified by whatever means the patients can most readily avail themselves. Dr. D. H. Tuke states that erotomania proper is to nymphomania and satyriasis what chaste and honorable affections are to the most frightful libertinism. In this, as well as in the subsequent varieties, disease of the cerebellum has been sug-

* Op. cit., p. 287.

† Unzer, op. cit., p. 165.

gested by some as the chief cause; and Sir W. Ellis observes that in a case he found the temperature over that region higher than that of any part of the body. It is most general in young persons of a lively and ardent imagination, who are led away by pleasure, indolent life, novel reading, and a voluptuous and effeminate education. As might be supposed, it is most common in the highly nervous female, where the whole system becomes excited by the sexual stimulus, as much as by opium or other nervine alterative. A similar condition is seen in the frog in the beginning of spring, when the state of the system resembles that produced by narcotic poisons or tetanus.*

The disease appears sometimes to be hereditary, as in the case of two sisters, one of whom fell in love with Charles, King of France, and, gaining admittance to his presence, made a scene. Some time afterwards the same sentiment seized the other, and she, too, had to be sent to a Parisian asylum. Guislain also found hereditary taint in the cases which occurred in advanced age. It is produced, or at least frequently accompanied, by disorders of menstruation, ovarian disease, irritating matters in the rectum, and some skin diseases. The diagnosis is not always easy, but generally there is found to flit over the countenance of the patient an erotic expression not to be mistaken—the eyes sparkle, and the whole features suit the peculiar idea. Sometimes, however, it masks itself under a deceptive exterior. The patients are not irrational, but often sad and melancholic; they lose appetite, and are said to become rapidly emaciated in the worst forms, and may even fall into erotic fever. Some state that it is liable to be confounded with chlorosis; “But the alienist must be attentive, he will see the countenance of such assume an animated appearance and become flushed, the pulse frequent and stronger in the presence of the object of the affections, or even on hearing their names pronounced.” It may even proceed so far as this—“They become pale, the eyes sink in the sockets, and tears flow involuntarily; the appetite is feeble and capricious, and the rest disturbed. Becoming worse and worse, irrational expressions and strange actions and death reveal the secret, which diffidence, fear of relatives, and imperfect education had made them conceal.” Guislain† notes that it occurs about once in every 150 admissions. It is found both in persons who have lived a chaste life as well as those who are given to debauchery. It is often connected with a special state of the sexual organs, and frequently occurs at the period of suppression of the menses. He states that he has seen this morbid condition of the utero-ovarian organs attended by a peculiar turgescence, to such an extent as to provoke an abundant secretion of colostrum in the mammary glands, as is observed in pregnant women and in animals at the rutting season.

* Dr. Laycock, ‘*Nerv. Dis. on Women*,’ p. 75.

† ‘*Leçons orales sur les Phrénopathies*,’ vols. i and ii, p. 176.

The bodily condition of young women suffering from erotomania and nymphomania is often remarkable. Dr. Laycock mentions that in a case of the latter, related by Alibert, the hips, thighs, and legs of the patient, a young female, were surprisingly plump, while the chest and upper extremities were in a state of emaciation. The ovaria would seem to have some special action on the structures of the lumbar region. In regard to the season when these diseases are most prevalent, little extended information can be got. It may generally be noticed that the sexual odour of erotic patients is much exaggerated, especially at menstrual periods. Many have a constant habit of using large quantities of ordinary scent, or else solace themselves with mint, peppermint, lavender, rue, assafœtida, and even fresh pine cones.

Erotomania occurs also in advanced life, especially in women—"Doucees d'une forte constitution." Guislain observes that it is very curious to hear the conversation of these patients, to observe their affectations and their dress. "*Les doigts garnis de bagues, le corps couvert de brillantes étoffes, elles étalent dans leur intérieure une somptueux ameublement, dans l'espoir d'y attirer les hommes. Veuves de plus souvent, grand'mères parfois, ces Messalines de soixante-dix ans, aux allures caduques, font la désolation de leur famille et en causent souvent la ruine par leurs dépenses frivoles.*" In old people this disease generally passes into dementia.

It assumes curious and interesting forms in asylums, generally displayed by careful and studied toilets and bedeckings with supposed fineries; and, as usual, is best marked amongst the females. It is often manifested at the sight of any one of the opposite sex indiscriminately, when languishing glances, smiles, and unmistakable fondness are displayed. Or, again, they are more capricious, praising in exaggerated strains the goodness of, and their devotion to, the object of their affection; and they are versatile and flighty withal. So intense and engrossing does the ailment become in some instances, that the patient lapses into dementia, from excessive nervous exhaustion. One lady is never done talking of honorable marriage, and the husband she ought to have had if she had been permitted to remain outside, away from the parties that administer chloroform and ether to her. In her case there is hyperæsthesia of the emotions, and her impassioned entreaties, tears, and seizing of the hand betray the ardour of her attachment. Another openly beseeches the object of her attraction to marry her, and is never tired conversing with her companions about him, planning the most extraordinary means to assist her in accomplishing her end, and jealous of every slight attention paid to other than herself. She openly watches him on every available opportunity, and the same anxious form is seen peering from a window overlooking the exercise ground, where her fancied lover is. Her whole soul is wrapt in the

one all-powerful passion, yet she is for the most part candid, and not given to any secret abuse.

In *Nymphomania* and *Satyriasis* the symptoms are announced by a violent excitement of the sexual organs, the former occurring in the female, the latter in the male. Sometimes, indeed, the system becomes endowed with all the irritability observed in hydrophobia. Guislain states, "C'est de cette affection que sort l'hystéromanie, la fureur utérine proprement dite."* He cites a case from Esquirol in which a young woman was so overborne by the sexual passion on the marriage night that she became a complete maniac, characterised by intense desire for sexual congress, which she openly declared by her speech and gestures. Cases of nymphomania are very degraded and troublesome cases in asylums, and the patient frequently exposes herself in the presence of males unless suitable clothing is provided. Self abuse in both sexes is very apt to lead on to dementia. In the world at large such practices are by no means uncommon, and the general debility accompanying them affects most injuriously the brain and nervous system, in proportion to the susceptibility of the patient. In these we have a languid circulation, with a retiring disposition, disordered intestinal canal, and a general wasting, even although the appetite remains good or even voracious; and, sooner or later, the neglected disorder saps the mind into imbecility. It would seem that the cerebrum is weakened by the due supply of blood being withdrawn from it and forced into other parts of the body, and some say also from the cerebellum engrossing more than its share. When the latter is in any way highly excited venereal excesses, it is stated, are the result, and the preceding mode of gratification not infrequently resorted to. In asylums the demented patients practise masturbation openly, in any available corner, or at night. When practised in bed by a patient suffering under any other mental affection serious results may ensue to the general health if he is of weakly habit, and with an almost certain prospect of producing dementia of an aggravated form. The inexplicable breathlessness and discontent, the cold hands, general debility and restlessness of such are often the first effects observed, and the diagnosis is aided in many examples by the erotic speech. In one case under my care the secret masturbator was detected by an inflammation of one index finger, of

* [My friend Dr. Lauder Lindsay, in a paper published in the November number of the 'Edinburgh Med. Jour.' for 1865, uses the term "hysteromania" to designate the emotional features of a case of "temporary insanity," apparently unaware of the very different meaning in which authors have used this word. Vido Guislain, 'Leçons Orales,' tom. i, p. 179, &c. Thus does he (Dr. Lindsay), while denouncing the prolix nature of modern scientific nosologies, propagate a similar error to that he attacks on the next page, in support of a mere business classification of insanity (founded on observations deduced from asylum reports), and which in its simplicity leaves out moral insanity altogether!—November, 1865.]

unaccountable origin; suspicion, however, was aroused, and the penis was found in a state of paraphymosis, requiring instant relief to prevent mischief. When the patient is powerful and muscular, excitement and general disorder frequently accompany the masturbation. It may be pursued in some demented cases to a great extent, without causing apparent difference in the general health. In the case of the females various means are used, such as a child's toy trumpet in the instance related by Dr. Bucknill,* in others the finger or some kind of artificial penis. Such are very troublesome patients, and can scarcely be kept decent.

2. *Perversion*.—*Senile pruriency* sometimes clouds the failing days of a once virtuous man; and it cannot always be accounted vice, but rather manifest insanity. Occasionally mere irritation of the sexual organs satiates the morbid instinct. Marriages of very old men with young and blooming women are in many cases manifestations of the same tendency. *Precocity*, or the occurrence of sexual impulses in childhood, is said to happen generally at two periods, viz., at the ages of three and seven. Dr. Laycock is of opinion that it may often be attributed to the practice which certain nurses have of irritating the genitals of children to make them sleep. The other forms, *Poderastia* and *Bestiality*, are degraded in the extreme. The latter often occurs in persons advanced in life, and may be developed in conjunction with exaggeration of the natural instinct, as in the case of an old man of seventy, who, having a wife and certain female acquaintances in addition, yet had criminal connection with the quadrupeds on his farm. The irresponsibility of such a patient is glaring, yet his case was entrusted entirely to the police. A very interesting example of the morbid development of the natural instinct is related by M. Bédor, of Troyes. A young man of twenty-seven years of age, an imbecile, with incipient goitre, was confined in the hospital of Troyes, after an attempt to violate a young girl in the presence of several persons. When residing in this hospital he entered the dead-house, when he knew a female had been taken there, and horribly profaned the dead body. He publicly boasted of these facts, the gravity of which he did not appear to understand. Measures were then taken to prevent all access to the dead-house; but this imbecile, who in all things was completely destitute of intelligence, displayed in this case an instinctive cunning, which triumphed over all obstacles; he stole a key of the dead-house, and was thus able for a time to indulge his unnatural propensities. He was at length found out, and sent to the asylum of Saint-Didier.†

Treatment.—In the higher forms all those methods of life and training calculated to promote moral control should be attended to; if life is threatened, marriage may, but also may not, form an effectual

* Appendix of cases to 'Psychol. Medicine,' by Bucknill and Tuke.

† 'Jour. of Prac. Med. and Surgery,' Paris, February, 1858.

remedy. A masturbator should not marry. A more rational attachment may be drawn on the patient, without exciting his suspicions, and all nervous excitement should be allayed by appropriate calmative measures. Amongst remedies are mentioned tepid baths, nitrate of potash, diluent drinks, warm hip-baths for females, especially where amenorrhœa exists, whey, ass's or goat's milk (?), succory or vegetable regimen. Antispasmodics, according to some, rather increase than diminish the flame. Tonics, good food, cold baths, diversions, journeys, exercise of all kinds, and manual employment, may also be added. In persistent instances removal to an asylum is necessary, and even there, as before mentioned, these cases are frequently troublesome. In the lower forms in asylums the cold douche to the loins is of much service, and careful night-nursing and attention ameliorate the tendency. The application of a small emplastr. lyttæ to the penis will be found suitable for some cases. So intense does the morbid impulse occasionally become that the patient masturbates during sleep, a state of matters that cannot well be managed without resort to some means of restraint. The French have instruments for fastening the hands of such on going to bed, but probably the use of the cantharides would be sufficient in the majority.

III. *Domestic.*

The domestic instinct has for its object the life of the mother and the care of the child.* By excessive stimulation, or by any of the causes detailed previously, this instinct becomes perverted, and a father slays a wife or child, or both, and a mother her infant. In the lower animals instances of such perverted instinct occur in domestic rabbits, the females of which will kill and eat their own young if their nests are disturbed at a certain period. Sows occasionally do the same. Ignorance of the relationship in a few cases makes some carnivorous and piscivorous animals devour their own offspring; for instance, the salmon swallows unwittingly smolts and parr, which, perchance, were the produce of its own ova. Again, wholesale infanticide is practised by certain wasps at a particular season, yet on investigation we can scarcely call it a perversion, but rather a higher development of ordinary instinct. Wasps in general are so fond of their young that, even though their nests be broken in pieces, they will not abandon them, "yet, when the cold weather approaches, a melancholy change ensues, followed by a cruel catastrophe. As soon as the first sharp frost of October has been felt, the exterior of a wasp's nest becomes a perfect scene of horror. The old wasps drag out of the cells all the grubs, and unrelentingly

* "Quid dicam quantus amor bestiarum sit in educandis custodiendisque iis, quæ procreaverint, usque ad eum finem, dum possint seipsa defendere!" Cicero, 'De Nat. Deor.'

destroy them, strewing their dead carcasses around the floor of their now desolate habitation.”* This apparent cruelty is caused by real fondness for their young, for the approaching cold weather paralyses the efforts of the parents, as well as cuts off the supply of food. The old wasps then choose rather to inflict a sudden and speedy death than suffer the young to perish slowly of hunger. In the higher animal, man, infanticide is the most common form of perverted domestic instinct, actuated sometimes by the most curious motives, though occasionally none can be observed. It is related that a lady of imagination the more ardent, in consequence of her having in very early life contracted the habit of novel reading, and excessively unhappy on account of the prolonged absence of her husband, desired to destroy her children, in order that they might not one day experience a like misfortune. Patients of this description often seek the asylum gates, as they are fully alive to their danger, and fear that they cannot longer control the terrible impulse. It would seem that in many of the cases (for they are not uncommon) there existed a hyperæsthetic state of a nervous condition, such as love of offspring, which led to actual disease, and, subsequently, total perversion of the instinct. Thus, the circumstances are totally different from those under which the criminal offence of infanticide takes place. For instance, a cook in a family was secretly confined of an illegitimate child, which she killed and hid in one of her trunks. Previous to the birth she carefully concealed her pregnancy, and obtained the loan of a razor from her father, for the assumed purpose of paring her corns, using this weapon to cut the throat of the child down to the vertebræ. It was argued in her defence that in cutting the cord, which was stated to have been coiled round the neck of the child, she had unwittingly cut its throat; but so deep a gash, which indented even the bone, could scarcely have been accidental, and by no means could the *torn* ends of the cord be brought to bear on the part cut. Such is very dissimilar from the following:†—A married woman, aged thirty-three, threw her child, an infant of twelve months, out of the window. The child was injured, but recovered. The mother had been formerly confined as a lunatic, and was subject to lunacy during pregnancy, a condition in which she then was. She was acquitted.‡

* Kirby and Spence's 'Entomology,' p. 211.

† 'Med. Times and Gazette,' August 9, 1862.

‡ Vide also 'Jour. of Prac. Med. and Surgery,' Paris, January, 1858, where a case is given of an excited female who endeavoured to throw her child into an oven to bake it. She was cured by drachm doses of sulphuric ether administered per anum.

IV. *Personal.*

The most important form under this head is *Suicidal Impulse*, which, however, at present I can only note and pass on.

Self-mutilation.—It is occasionally observed that some of the lower animals, especially amongst the voracious tribes, eat portions of their own bodies under certain circumstances. The naked-gilled molluscs are examples amongst marine animals. Kirby and Spence relate that an entomologist having directed the tail of a dragon-fly, which he had caught, to its mouth, to make an experiment as to whether the known voracity of the tribe would lead it to bite itself, saw, to his astonishment, that it actually bit off and ate the four terminal segments of its body, and then, by accident escaping, flew away as briskly as ever. The whole of the crustacea possess a wonderful power of self-mutilation; but nature has likewise endowed them with a special provision whereby hæmorrhage can be arrested, and an admirable means for the reproduction of the lost members. Under ordinary circumstances, however, such self-mutilations in the crustacea are intended for the safety of the animal, whereas in man, for the most part, they are essentially morbid. It is found that persons will occasionally castrate themselves, amputate their arms and legs by means of a passing railway train, cut, tear, and burn their bodies, and perform other impulsive acts of torture. Amongst the insane many marked cases are observed, not only in those whose sensibility is diminished, but where it is most acute. Under paroxysmal excitement many will strike and slap their faces with such vehemence that they are bruised and bleeding; others will pick their fingers until they are almost desquamated, and the face sometimes fares little better. One woman had a remarkable propensity for decapillation; and so effectually did she proceed that both sides of her head were rendered bald, while a ridge of strong hair, like a mane, ran along the middle line of the scalp. In examples of all these varieties the patients appeared to have ordinary sensibility. In general paralytics, again, the sensibility is frequently much blunted. One man slaps his hands with such force on his legs that the blood spurts from the ends of his fingers; another deliberately gnaws the tips of his fingers, and tears at any ragged fragment that affords a hold; while others, "who have been operated on for hernia, have introduced their fingers into the wounds, and in the coolest manner amused themselves by pulling out their intestines, as if they were manœuvring on a dead body."* The insane will also burn their feet, arms, and hands, in the fire, or thrust them into hot water; and such cases are not always accompanied by impaired sensibility.

Panphobia.—Impulsive terror is seen occasionally in some of the

* Winslow, op. cit.

lower animals, as in horses and the Ca'ing whales. In the human subject the patients will leap out of windows, scramble over roofs, avoid and shrink from their nearest relatives; in short, there exists nothing which does not intimidate them. Commissioner Browne says, "The source of suffering resides in external circumstances, or in the unjustifiable and unmerited machinations of others. The object of terror may be imaginary, or real with imaginary attributes; it may be innocent or threatening; it may appeal to the superstition or selfishness of the individual, and be a spectre or a murderer. Persons so affected are pale, haggard, or emaciated. They seek protection in corners, in bed, in light, or in darkness, solitude, or society, according to their prevailing delusions." In certain physical diseases this impulsive terror manifests itself, as in blood-poisons, *e.g.* fevers and delirium tremens. The patients sometimes commit suicide, or, rather, are accidentally killed when endeavouring to escape from the fancied terrors. In an asylum a night-watch in the sleeping apartments of panphobic patients is of much service, restoring their confidence, and, it may be, dispelling their illusions. "Just as in the mist a crow may be mistaken for a man, so, in the dark, illusions of the imagination are much more liable to be mistaken for realities than when their momentary effects on the belief are continually checked and corrected by the objects which the light of day presents to our perceptions."* The presence of an attendant at night in such cases is all the more necessary, as this state very readily ensues after sleep, even when not present at other times.

Wandering, or the impulse to vagabondise, is a form which seems to spring from the appetite for open-air life, so inherent in the constitution of man. In the normal state this is shown in a great variety of ways, as by the love of flowers, by delight in poetry which describes natural scenery, or by the love of landscape painting. "It is probably not infrequently due (in town-bred people) to the re-excitement of ancestral substrata, for it is sometimes manifested in the children of townspeople with considerable intensity. Some such state is also developed even in well-bred persons, who, seized with the mania of vagabondage, abandon all the comforts of town and civilised life to wander freely in the woods and over the prairie."† The tendency to wander is a frequent manifestation in the insane, and which even in the "free colony of Gheel" compels the use of anklets and leg-straps. The patients wander hither and thither without any definite purpose, and in this condition, bereft alike of friend and history, they find their way, through the authorities, into our public asylums. At the outset of brain disease this tendency to wander is often conspicuous, and as much if not more than any other symptom compels the friends to find shelter for the aliens in

* Stewart, 'Philos. of the Human Mind,' p. 80.

† Prof. Laycock, 'Mind and Brain,' vol. ii, pp. 288-9.

an asylum. They will stroll from their homes and wander through the woods by day and night, and may be found in some distant spot, stretched on the ground in contemplation of the moon and stars, wrapt in the forgetfulness of their own errant ideas.

V. *Social.*

Homicidal Impulse and *Pyromania* fall in here, and also *Lycanthropia* (wolf-like madness). The latter generally consists of a mixture of several—erotomania, homicidal impulse, and some of the alimentary forms. In former times it would appear that this disease was more frequent than now, and it was believed that the miserable patient made a compact with Satan, and was presented with an ointment which, when rubbed on the skin, endowed it with hair, and transformed the whole body into a wolf-like aspect! "Subsequently these miserable creatures did commit murders, or in the deep reverie which accompanied some cases, and the excitement which must have attended them all, they imagined that they had committed murders, and devoured the flesh of their victims. They were further impressed with the belief that they traversed mountains and forests as beasts of prey, running down and eating indiscriminately animals and children; and the state of the palms of the hands and nails proved that some of those afflicted had actually simulated the mode of progression of quadrupeds."* Like some of the other varieties of morbid impulse, it is stated to have assumed an epidemic form, and was prevalent in the mountainous and sterile region of the Jura in 1598. A remarkable instance of this kind occurred in the case of Bertrand, the French "vampire," where the young sergeant of the line haunted newly made graves at midnight, tore up and violated the bodies of many females, at the same time cutting and mutilating them. Another case is related of a man who murdered a young girl at the edge of a wood, violated her body, mutilated the thorax and sexual organs, sucked her blood, and ate portions of her flesh. When brought to trial he felt sorry when he saw the mother of the girl in tears. In this case, also, the impulsive lunatic was a soldier. The ancient lycanthropia has almost disappeared, except an occasional modification in the shape of a patient who thinks that he is a dog, and acts like one, attempting to bite, &c.†

* Commissioner Browne, in 'Repts. Crichton Instit.' I may here acknowledge the great interest, information, and pleasure which the perusal of these effusions gave me in 1860 (an opportunity for which I am indebted to the kindness of Dr. Lauder Lindsay). Though I am very far from thinking that nowadays an asylum report is the proper place for medical disquisitions, of whatever kind, it must be recollected that times were then very different.

† Tincture of *Lobelia inflata*, as recommended by Dr. Baudeloeque, is a useful sedative in such cases.

VI. *General Instincts.*

Of these, *Pitfering*, or *Kleptomania*, is the most important, and an able *résumé* of the subject has been lately given by Dr. Bucknill in this Journal.* *Accumulating*, a phase of this perverted instinct, is not uncommon amongst the insane, and the subsequent remarks thereon will be confined to this class. Some patients collect straws, sticks, and pebbles, arranging them perpetually in an ever-varying series of squares and geometric figures; an analogous condition to the acts of the playground bird of Australia, just as kleptomania finds its analogue in the motiveless thefts of the pie tribe. These patients carry about in their clothes great quantities of rags, twigs, pebbles, flowers, bread and cheese, and never seem contented except when adding to their store. Others will amuse themselves by collecting stones and pebbles all day long, until they are scarce able to move with their load, when they will suddenly free themselves by scattering, and commence to hoard anew. They are commonly good humoured, restless, and generally cases of dementia; and sometimes this tendency is associated with a propensity to draw squares, circles, and geometrical figures on the airing-court gravel, either with the heel or a sharp stone. When their stock is examined by the physician they generally take it in good part, but the interference of a fellow-accumulator meets with summary vengeance. If such patients are allowed the freedom of their own apartments, extraordinary collections of diverse materials are accumulated. I shall not readily forget the turning out of such a room after about thirty years' repose, on which occasion almost every article in domestic or other use was represented, from rags to cricket-net poles. This patient combined with his tendency to accumulate the most exquisite taste for drawing geometric figures on paper, chiefly with a bow-pen. Nothing could surpass the beauty and elaborate finish of his skilful productions. A quaint case of dementia, at one time under my care, had pockets constructed in all portions of her dress, even to the forming of one in each wristlet. In addition, she possessed a muff, also furnished with pockets, pendant beneath her gown. In these receptacles were stored every article which attracted her fancy or cupidity, and the number was often very great. In this instance, and in several others, there would seem to be a certain amount of forethought, even although the impulse be irresistible, since provision is made for the reception of the plundered articles.

Chicanery, an irresistible tendency to cheat and lie, occasionally

* 'Jour. of Ment. Science,' July, 1862.

meets the alienist both beyond and within the asylum walls. In the former case the patients are the source of much annoyance and grief to their friends, who are often distracted at the seeming depravity, as well as frequently made the dupes of their tendencies. Hysterical young girls, at and subsequent to the period of puberty, afford the most remarkable instances of this disease. Such a patient will assert that she can live without food, and obtain all her nourishment by stealth; "or she has retention or partial suppression of urine for a long period; her attendants seem very sceptical, for she looks fat and well; and so she crams her vagina with stones, and drops them into the chamber-pot, to make people believe that she has stone in the bladder."* Such persons will simulate all manner of diseases, vomit lizards, feign epilepsy, diseases of the joints, &c. Examples occasionally occur, independently of hysteria, where mendacity is the rule, truth the exception. Amongst the insane some interesting cases occur in dementia, chronic mania, and Adonis mania. In every account of ordinary affairs, especially to strangers, they seem impelled to falsify and "draw the long bow." It is not rare for certain patients to simulate epileptic fits when checked for misconduct; to feign sickness, and frame notorious lies, in order to obtain stimulants, to excite sympathy, or without evident cause. "As the propensity is part of the disease, its indulgence will follow as necessarily as convulsions follow any sufficient excitement."† It may be the best way, in some cases, where there is no other mental lesion, quietly to let the patient deceive us, and make the gratification of the impulse subservient to the remedial treatment.

Low society.—In this somewhat rare form persons of good standing forsake their friends, and seek companions in the lowest dens of depravity. They sleep, eat, and live with their strange associates; but they are not necessarily drunkards, though they may treat all till their means are exhausted. After spending some time thus they are suddenly seized with a desire to return to their relations, and they do so, perhaps not manifesting the like tendency for a long period. In cases where other evident moral lesion is present, this is frequently a very conspicuous feature. Such patients seem ill at ease in the society in which they have been accustomed to move, and seek the more congenial company of attendants, servants, or loose characters of the same sex, and with them only do they seem happy. This is occasionally observed as a trait in the character of the insane.

Abusive and indecent language.—Ministers have been compelled to forsake the pulpit, from their experiencing in their declamations an irresistible desire to use blasphemous language. A lady, it is stated, while repeating the Lord's Prayer, suffered much mental

* Dr. Laycock, 'Nerv. Dis. on Women,' p. 353.

† Id., op. cit., p. 254.

anguish on account of an ungovernable impulse she had to say "Our Father who art in hell." "I have known patients alternately spit, coax, bite, caress, beat, kiss, vilify, and praise those near them; and to utter one moment sentiments that would do honour to the most orthodox of divines, and immediately afterwards use language only expected to proceed from the mouths of the most depraved of human beings. It is often unassociated with any form of delusion, hallucination, or illusion."* Other instances show that such tendencies are the precursors of serious brain disease. Spurgeon relates that at an early part of his career he was obliged to put his hand to his mouth to stay the utterance of blasphemous expressions. In asylum life examples are numerous enough, associated, however, with other mental disease. The same extravagant, indecent, or abusive expressions will be used for years with remarkable monotony and volubility; so that one accustomed to the patient will be able to predict what is to follow after the first few words are uttered.

* Winslow, *op. cit.*